

I, _____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following individual(s):

| Name of Person Listed on Certificate | Relationship of Person Listed on Certificate |
|--------------------------------------|--|
| | |
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| | |

Sworn this _____ day of _____, 20____, at _____, _____.

(Day) (Month) (City) (State)

(Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below.

State of _____)
County of _____) ss

On _____, before me personally appeared _____,

☐ personally known to me, or ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal
(NOTARY SEAL)

NOTARY SIGNATURE